

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004567

Entity Name: THE WORD OF GRACE & TRUTH MINISTRIES INC.**Current Principal Place of Business:**3001 EAST HANNA AVENUE
TAMPA, FL 33610**Current Mailing Address:**3001 EAST HANNA AVENUE
TAMPA, FL 33610 US**FEI Number: 59-3399480****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DOZIER, THOMAS L
1013 TUSCANNY STREET
BRANDON, FL 33511 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	DOZIER, THOMAS L
Address	1013 TUSCANNY ST
City-State-Zip:	BRANDON FL 33511

Title	CLERK
Name	DOZIER, CLAUDIA
Address	1013 TUSCANNY STREET
City-State-Zip:	BRANDON FL 33511

Title	T
Name	DIXON, GERALD
Address	7344 LUMBER PORT DRIVE
City-State-Zip:	RUSKIN FL 33573

Title	T
Name	HELM, ERNEST
Address	1708 W. BEDINGFIELD DRIVE
City-State-Zip:	TAMPA FL 33603

Title	T
Name	RANGE, LAWRENCE A
Address	2503 RANCH LAKE CIRCLE
City-State-Zip:	LUTZ FL 33559

Title	ADM
Name	HAYNES, CHONTA T
Address	17904 CACHET ISLE DRIVE
City-State-Zip:	TAMPA FL 33647

Title	T
Name	TAYLOR, EVELYN J
Address	19115 AUTUMN WOODS AVENUE
City-State-Zip:	TAMPA FL 33647

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS L. DOZIER**PRESIDENT****02/17/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date